4031234908

FEC

STATEMENT OF

RECEIVED 2014 MAY 14 AM 8: 25 Я

FORM 1	URGANIZATION	FEC MAIL CENTE.
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
HARTZOK,	FOR GONGRESS COMMIT	TEE
ADDRESS (number and str	eet) [P.O. BOX 346	
(Check if addre	ss	
•	S,C,O,T,L,A,N,T,	PA 117254-10346 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL A	DDRESS	
(Check if addre	ISS [A, L, A, N, N, A, Q, FA, R, T, H, R, I, G, HT, S,	NET
.	Optional Second E-Mail Address	·
2. DATE 6.3	22 28 14	
3. FEC IDENTIFICATION	ON NUMBER	
4. IS THIS STATEMENT	F NEW (N) OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Tre	easurer Mary Semrad	
Signature of Treasurer	Many Servasi	Date 0.3 22 2014
NOTE: Submission of false	, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	- · · · · · · · · · · · · · · · · · · ·
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	TELL ELIBRAL

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Can	didate	e Committee:	
(a)	V	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Name Candi		Mianna Hartzak	
Candi Party	id ale Affiliati	on 7.E.M. Office Sought: V House Senate President	State PA
(c)	V	This committee supports/opposes only one candidate, and is NOT an authorized committee.	tur qui unimedian in
Name Candi		Millanna Hantrok !!!!!!!!!!!!!!!!!	
Part	y Con	nmittee:	at a
(d)			emocratic, publican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization on line 6.)	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Func	fraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.	FEC ID number C	ار مساور در این می مدر به الای

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	rec runn i (neviseu 02/20)
٧	/rite or Type Committee Name
6.	Name of Any Connected Organ

6. Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative, o	or Leadership PAC Sponsor
Mailing Address			
			<u> </u>
	CITY	STATE	ZIP CODE
Relationship:	ed Organization Affiliated Committee	t Fundraising Representati	ve Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	entify by name, address (phone number option	al) and position of the pe	rson in possession of committee
Full Name Mailing Address	y Semrad PO BOX 238		
•	FAYETTEVILLE	PPI	1172221-1
Title or Position	СІТУ	STATE	ZIP CODE
TREASURE	<u>R </u>	elephone number 1	71-1352-12296
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the tre , assistant treasurer).	asurer of the committee;	and the name and address of
Full Name of Treasurer			
Mailing Address	YPa Bax 1238		
		111111	
	FAYETTEVILLE CITY	STATE	ZIP CODE
Title or Position	,		17,252,0296

14031234910

Telephone number

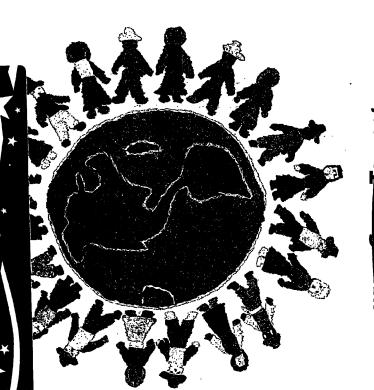
FEC Form 1 (Revised 02/2009) Full Name of Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number				_
Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number Telephone	FEC Form 1 (Revise	ed 02/2009)		Page 4
Designated Agent Mailing Address CITY STATE ZIP CODE Title or Position Telephone number Telephone			·····	
Mailing Address CITY STATE ZIP CODE Title or Position Telephone number Telephone				
Title or Position Telephone number Telephone n				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address CITY STATE ZIP CODE Mailing Address	Mailing Address			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address CITY STATE ZIP CODE Mailing Address			1111111	
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address CITY STATE Telephone number		CITY	STATE	ZIP CODE
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address LINCGCM WAY EAST OFFICE CITY STATE ZIP CODE Mailing Address	Title or Position			
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address LINGSCN WAY EAST CHAMBERS BURG CA 17201- CITY STATE ZIP CODE Mailing Address Mailing Address		Tel	ephone number 11	J-L
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address LINGSCN WAY EAST CHAMBERS BURG CA 17201- CITY STATE ZIP CODE Mailing Address Mailing Address			· 	······································
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address LINGSCN WAY EAST OFFICE CHAMBERS BURGE CAP 17201- CITY STATE ZIP CODE Mailing Address Mailing Address	Banks or Other Depositor	ies: List all banks or other depositories in which	the committee deposits fund	s, holds accounts, rents
Mailing Address LINGGIN WAY EAST CHAMBERS BURG CA 17201- CITY STATE ZIP CODE Mailing Address Mailing Address	safety deposit boxes or mai	intains funds.	·	
Mailing Address LINGGLM WAY EAST OFFICE LINGGLM WAY EAST CHAM BECS BURG CAI 117201- CITY STATE ZIP CODE Mailing Address Mailing Address	Name of Bank, Depository,	etc.		
Mailing Address LINGGLM WAY EAST OFFICE LINGGLM WAY EAST CHAM BECS BURG CAI 117201- CITY STATE ZIP CODE Mailing Address Mailing Address	FB	M TRUST		
CHAMBERS BURG CAI 11201-L. CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address			AST OFFICE	26, , , , , ,
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address	Walling Address	ICOLA 1 NCOLN	INAU FA	87
CITY STATE ZIP CODE Name of Bank, Depository, etc. Mailing Address			000000	100
Name of Bank, Depository, etc. Mailing Address Little Address		L. H. A.M. BEKSBU	ab ICA 4	11/4011-1111
Mailing Address Liting Address		CITY	STATE	ZIP CODE
	Name of Bank, Depository,	etc.		
CITY STATE ZIP CODE	Mailing Address			
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		CITY	STATE	ZIP CODE

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FEC MAIL CENTER

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Federal Electronlandingsion 999 E Street Mu JASHWOODN 26



ALANNA

PREPARER (8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED